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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Application Number09/684,768

Filing Date10/06/00

First Named InventorMcDonald

Group Art Unit2122

Examiner Nameunknown

Attorney Docket Number1335

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ENCLOSURES (check all that apply)

☐ Fee Transmittal Form

☐ Fee Attached

☐ Amendment / Response

☐ After Final

☐ Affidavits/declaration(s)

☐ Extension of Time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Response to Missing Parts/ Incomplete Application

☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

☐ Assignment Papers (for an Application)

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a Provisional Application

☐ Power of Attorney, Revocation Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s) _____

☐ After Allowance Communication to Group

☐ Appeal Communication to Board of Appeals and Interferences

☐ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☒ Other Enclosure(s) (please identify below):
Supplemental Application Data Sheet (2 pages)

Remarks

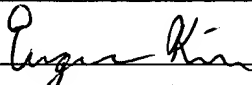
It is believed that no fees are due in this matter. However, if it is determined that fees are due, the Commissioner is authorized to debit Deposit Account No. 21-0765 for the required fees.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name

Eugene G. Kim, Reg. 46,267

Signature



Date

12/20/02

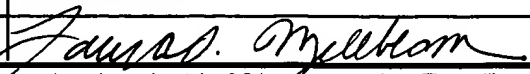
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BIBDATASHEET

CONFIRMATION NO. 1633

Bib Data Sheet

SERIAL NUMBER 09/684,768	FILING DATE 10/06/2000 RULE	CLASS 717	GROUP ART UNIT 2151	ATTORNEY DOCKET NO. 1335	
APPLICANTS Jeffrey Wayne McDonald, Fremont, CA; Christopher Edwin Warren, Kansas City, MO;					
** CONTINUING DATA ***** NO THIS APPLN CLAIMS BENEFIT OF 60/158,262 10/07/1999					
** FOREIGN APPLICATIONS ***** NO					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/12/2000					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 45	INDEPENDENT CLAIMS 2
ADDRESS 28004					
TITLE Communicating between a process and a destination					
FILING FEE RECEIVED 1290	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		